

10-11963-cgm Doc 3626-7 Filed 07/29/13 Entered 07/29/13 14:57:27 Exhibit F

Claim Name	Address Information
1. A method of determining a value of a function of a variable, the method comprising: receiving a value of the variable; and determining the value of the function of the variable based on the received value of the variable.	1. A method of determining a value of a function of a variable, the method comprising: receiving a value of the variable; and determining the value of the function of the variable based on the received value of the variable.

EPIQ BANKRUPTCY SOLUTIONS, L.C.

10-11963-cgm Doc 3626-7 Filed 07/29/13 Entered 07/29/13 14:57:27 Exhibit F
Pg 12 of 27

10-11963-cgm Doc 3626-7 Filed 07/29/13 Entered 07/29/13 14:57:27 Exhibit F
Pg 12 of 26

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

-----X	
In re:	Chapter 11
SAINT VINCENTS CATHOLIC MEDICAL CENTERS OF NEW YORK, <u>et al.</u> ¹	Case No. 10-11963 (CGM)
	Jointly Administered
Debtors.	
-----X	

AFFIDAVIT OF SERVICE

STATE OF NEW YORK)
) ss.:
COUNTY OF NEW YORK)

PANAGIOTA MANATAKIS, being duly sworn, deposes and says:

1. I am employed as a Noticing Coordinator by Epiq Bankruptcy Solutions, LLC, located at 757 Third Avenue, New York, New York 10017. I am over the age of eighteen years and am not a party to the above-captioned action.
2. On April 27, 2012, I caused to be served the:
 - a. "Notice of Disclosure Statement Hearing," dated April 27, 2012, annexed hereto as Exhibit A, (the "DSHN") and
 - b. "Notice of Deadline for Filing of Administrative Expense Claims that Arose, Accrued, Or Otherwise Became Due and Payable On and Between June 1, 2011 and April 30, 2012," dated April 27, 2012, annexed hereto as Exhibit B, (the "Admin Notice"),

by causing true and correct copies of the:

- a. DSHN and Admin Notice, to be delivered via electronic mail to the Special Service List, parties identified on the annexed Exhibit C, and the General Service List, parties identified on the annexed Exhibit D,
- b. DSHN and Admin Notice, to be enclosed securely in separate postage pre-paid envelopes and delivered via first class mail to the Special Service List, parties identified on the annexed Exhibit E, and the General Service List, parties identified on the annexed Exhibit F.

¹ In addition to SVCMC, the Debtors are as follows: (i) 555 6th Avenue Apartment Operating Corporation; (ii) Bishop Francis J. Mugavero Center for Geriatric Care, Inc.; (iii) Chaut Housing Development Corporation; (iv) Fort Place Housing Corporation; (v) Pax Christi Hospice, Inc.; (vi) Sisters of Christy Health Care System Nursing Home, Inc. d/b/a St. Elizabeth Ann's Health Care & Rehabilitation Center; (vii) St. Jerome's Health Services Corporation d/b/a Holy Family Home; and (viii) and SVCMC Professional Registry, Inc. There are certain affiliates of SVCMC who are not Debtors.

10-11963-cgm Doc 3626-7 Filed 07/29/13 Entered 07/29/13 14:57:27 Exhibit F
Pg 13 of 26

10-11963-cgm Doc 3626-7 Filed 07/29/13 Entered 07/29/13 14:57:27 Exhibit F
Pg 13 of 26

3. Commencing on April 27, 2012 and completed on April 28, 2012, I caused the:

- a. DSHN and Admin Notice, to be enclosed securely in separate postage pre-paid envelopes and delivered via first class mail to the parties identified on the annexed Exhibit G,
- b. DSHN, to be enclosed securely in separate postage pre-paid envelopes and delivered via first class mail to the parties identified on the annexed Exhibit H, and
- c. Admin Notice, to be enclosed securely in separate postage pre-paid envelopes and delivered via first class mail to 1060 (one-thousand and sixty) parties.

4. All items served by mail or overnight courier included the following legend affixed on the envelope: "LEGAL DOCUMENTS ENCLOSED: PLEASE DIRECT TO ATTENTION OF ADDRESSEE, PRESIDENT OR LEGAL DEPARTMENT,"

/s/ Panagiota Manatakis
Panagiota Manatakis

Sworn to before me this
3rd day of May, 2012

/s/ Cassandra Murray

Notary Public, State of New York

No. 01MU6220179

Qualified in the County of Queens

Commission Expires April 12, 2014

10-11963-cgm Doc 3626-7 Filed 07/29/13 Entered 07/29/13 14:57:27 Exhibit F
Pg 14 of 26

10-11963-cgm Doc 3626-7 Filed 07/29/13 Entered 07/29/13 14:57:27 Exhibit F
Pg 14 of 26

EXHIBIT A

10-11963-cgm Doc 3626-7 Filed 07/29/13 Entered 08/10/13 10:27:10 Page 10 of 17
Pg 15 of 27

10-11963-cgm Doc 3626-7 Filed 07/29/13 Entered 07/29/13 14:57:27 Exhibit F
Pg 15 of 26

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

In re:	Chapter 11
SAINT VINCENTS CATHOLIC MEDICAL CENTERS OF NEW YORK, et al.	Case No. 10-11963 (CGM)
Debtors.	Jointly Administered

NOTICE OF DISCLOSURE STATEMENT HEARING

TO: ALL KNOWN HOLDERS OF CLAIMS AGAINST THE DEBTORS
IN IN THE ABOVE-CAPTIONED CHAPTER 11 CASES

PLEASE TAKE NOTICE THAT:

On April 14, 2010, Saint Vincents Catholic Medical Centers of New York ("SVCMC") and certain of its affiliates, as Chapter 11 debtors and debtors in possession (collectively, the "Debtors") commenced the above-referenced chapter 11 cases (the "Chapter 11 Cases") before the United States Bankruptcy Court for the Southern District of New York (the "Bankruptcy Court").

On April 24, 2012, the Debtors filed the Disclosure Statement (as may be amended or modified, and including all exhibits thereto, the "Disclosure Statement")² for the Debtors' Joint Chapter 11 Plan (as may be amended, modified or supplemented in accordance with its terms, the "Plan")³ with the Bankruptcy Court. The Debtors are submitting their Disclosure Statement pursuant to Section 1125 of the Bankruptcy Code for use in soliciting votes to accept their Plan.

A hearing is currently scheduled before the Honorable Cecelia G. Morris, Chief Bankruptcy Judge of the United States Bankruptcy Court, Alexander Hamilton Custom House, One Bowling Green, New York, New York 10004, on May 17, 2012 at 11:00 a.m. (prevailing Eastern Time) (the "Disclosure Statement Hearing"). To consider, the Debtors' Motion for an Order (the "Disclosure Statement Approval Order") (i) Approving Disclosure Statement, (ii) Establishing Procedures for Solicitation and Tabulation of Votes to Accept or Reject the Debtors' Joint Chapter 11 Plan, (iii) Scheduling Hearing on Confirmation of the Plan, (iv) Approving Procedures for Notice of the Confirmation Hearing and for Filing Objections to Confirmation of the Plan, and (v) Granting Related Relief (the "Motion"). Please note that the Disclosure Statement Hearing may be continued by the Bankruptcy Court without further notice. The specific courtroom where the Disclosure Statement Hearing will take place will be disclosed prior to the Disclosure Statement Hearing and will be posted on the Debtors' bankruptcy website at <http://www.svcmcrestructuring.com> (the "Bankruptcy Website") and on the Bankruptcy Court's docket.

If you would like a copy of the Disclosure Statement Approval Order, the Disclosure Statement, the Plan or any related documents, please contact Epiq Systems, the notice, claims and solicitation agent retained by the Debtors in these Chapter 11 Cases (the "Epiq"), by: (a) calling the Debtors' free bankruptcy hotline at (866) 778-1023; (b) visiting the Bankruptcy Website (where an electronic copy may be obtained free of charge); and/or (c) writing to Saint Vincents Catholic Medical Centers of New York (2010), c/o Epiq Bankruptcy Solutions, LLC, Grand Central Station, P.O. Box 4834, New York, NY 10163-4834. You may also obtain copies of any pleadings filed in these Chapter 11 Cases (including the Motion, Disclosure Statement and the Plan) for a fee via PACER at: www.nysd.uscourts.gov.

¹ In addition to SVCMC, the Debtors are as follows: (i) 555 6th Avenue Apartment Operating Corporation; (ii) Bishop Francis J. McGuire Center for Geriatric Care, Inc.; (iii) Chuit Housing Development Corporation; (iv) Fort Place Housing Corporation; (v) Pax Christi Hospice, Inc.; (vi) Sisters of Charity Health Care System Nursing Home, Inc. d/b/a St. Elizabeth Ann's Health Care & Rehabilitation Center; (vii) St. Jerome's Health Services Corporation d/b/a Holy Family Home; and (viii) SVCMC Professional Registry, Inc. There are certain affiliates of SVCMC who are not Debtors.

² Capitalized terms used herein but not defined in this notice have the meanings set forth in the Motion (as defined herein), which is filed on the Debtors' bankruptcy court's docket contemporaneously herewith and available free of charge on the Debtors' bankruptcy website at <http://www.svcmcrestructuring.com> or from Epiq (as defined herein). A copy of the Motion may also be obtained for a fee via PACER at: www.nysd.uscourts.gov.

³ A copy of the Plan was filed as Exhibit A to the Disclosure Statement.

10-11963-cgm Doc 3626-7 Filed 07/29/13 Entered 07/29/13 14:57:27 Exhibit F

Pg 16 of 27

10-11963-cgm Doc 3626-7 Filed 07/29/13 Entered 07/29/13 14:57:27 Exhibit F
Pg 16 of 26

Any objections to the adequacy of information contained in the Disclosure Statement or any other relief sought pursuant to the Motion or the Disclosure Statement Approval Order (collectively, the "Objections") must: (a) be in writing and conform to the applicable provisions of the Federal Rules of Bankruptcy Procedure, the Local Bankruptcy Rules for the Southern District of New York; (b) state the name of the objector, and the nature and amount of the Claims or other interest against the Debtors held by such party; (c) state with particularity the basis and nature of any objection and include, where appropriate, proposed language to be incorporated into the Disclosure Statement to resolve any such objection or response; (d) be filed electronically with the Bankruptcy Court, with a hard copy delivered to chambers, and be simultaneously served on the following parties so as to be actually received by no later than May 10, 2012 at 4:00 p.m. (prevailing Eastern Time): (i) Counsel to the Debtors, c/o Kramer Levin Naftalis & Frankel LLP, 1177 Avenue of the Americas, New York, New York 10036, Attn: Kenneth H. Eckstein, Esq., Adam C. Rogoff, Esq., P. Bradley O'Neill, Esq., and Gregory G. Platko, Esq.; (ii) counsel for the Official Committee of Unsecured Creditors, c/o Akin Gump Strauss Hauer & Feld LLP, One Bryant Park, New York, New York 10036, Attn: David Botter, Esq. and Akin Gump Strauss Hauer & Feld LLP, 1700 Pacific Avenue, Suite 4100, Dallas, Texas 75201-4624, Attn: Sarah Link Schultz, Esq.; (iii) General Electric Capital Corporation, as Agent for itself and TD Bank, N.A., c/o Winston & Strawn LLP, 200 Park Avenue, New York, NY 10166-4193, Attn: David Neier, Esq., and Winston & Strawn LLP, 101 California Street, San Francisco, California 94111, Attn: Randy Rogers, Esq.; and (iv) Office of the United States Trustee for the Southern District of New York, 33 Whitehall Street, 21st Floor, New York, New York 10004, Attn: Serene Nakano, Esq.

If an Objection is not filed and served in accordance with this notice, the objecting party shall be barred from objecting to the approval of the Motion, the Disclosure Statement, or the Disclosure Statement Approval Order and shall not be heard at the Disclosure Statement Hearing, to the fullest extent permitted under the Bankruptcy Code, Bankruptcy Rules and Local Rules.

Except as otherwise ordered by the Bankruptcy Court, upon entry of the Disclosure Statement Approval Order, the Debtors will cause the Disclosure Statement and the other material approved by the Disclosure Statement Approval Order for soliciting votes on the Plan to be served on all parties-in-interest entitled to vote on the Plan as set forth in the Order.

IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE,
PLEASE CONTACT EPIQ AT THE DEBTORS'
FREE BANKRUPTCY HOTLINE AT (866) 778-1023.

PLEASE NOTE THAT EPIQ IS NOT AUTHORIZED TO PROVIDE,
AND WILL NOT PROVIDE, LEGAL ADVICE.

Dated: New York, New York
April 27, 2012

KRAMER LEVIN NAFTALIS & FRANKEL LLP

/s/ Adam C. Rogoff
Kenneth H. Eckstein
Adam C. Rogoff
P. Bradley O'Neill
Gregory G. Platko
1177 Avenue of the Americas
New York, New York 10036
Telephone: (212) 715-9160

Counsel for Debtors and Debtors in Possession

10-11963-seg113-Doc 3626-7 Filed 07/29/13 Entered 08/14/13 10:27:13 Page 12 of 27
Pg 17 of 27

10-11963-cgm Doc 3626-7 Filed 07/29/13 Entered 07/29/13 14:57:27 Exhibit F
Pg 17 of 26

EXHIBIT B

10-11963-cgm Doc 3626-7 Filed 07/29/13 Entered 07/29/13 14:57:27 Exhibit F

Pg 18 of 27

10-11963-cgm Doc 3626-7 Filed 07/29/13 Entered 07/29/13 14:57:27 Exhibit F

Pg 18 of 26

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

-----	X
In re:	Chapter 11
SAINT VINCENTS CATHOLIC MEDICAL CENTERS OF NEW YORK, et al.,	Case No. 10-11963 (CGM)
Debtors.	Jointly Administered
-----	X

**NOTICE OF DEADLINE FOR FILING OF ADMINISTRATIVE
EXPENSE CLAIMS THAT AROSE, ACCRUED, OR OTHERWISE BECAME
DUE AND PAYABLE ON AND BETWEEN JUNE 1, 2011 AND APRIL 30, 2012**

TO ALL CREDITORS, PARTIES IN INTEREST AND GOVERNMENTAL UNITS THAT MAY HAVE AN ADMINISTRATIVE EXPENSE CLAIM AGAINST SAINT VINCENTS CATHOLIC MEDICAL CENTERS OF NEW YORK ("SVC/MC") OR ITS AFFILIATED ENTITIES¹ (COLLECTIVELY, THE "DEBTORS") THAT ARE ALSO DEBTORS AND DEBTORS IN POSSESSION.

PLEASE TAKE NOTICE, that the United States Bankruptcy Court for the Southern District of New York (the "Bankruptcy Court") has entered an order dated April 27, 2012 [Docket No. 2860] (the "Second Administrative Bar Date Order") establishing May 22, 2012 at 4:00 p.m. (prevailing Eastern Time) (the "Second Administrative Bar Date") as the last date and time for certain persons or entities (including, without limitation, individuals, partnerships, joint ventures, corporations, estates, and trusts) to file requests for allowance and payment of administrative claims against the Debtors for the period from June 1, 2011 through April 30, 2012 (the "Second Administrative Expense Period"), including claims entitled to priority in accordance with sections 503(b) and 507(a) of the Bankruptcy Code (the "Administrative Expense Claims"). Such Administrative Expense Claims will be deemed filed only when they are actually received. With respect to any Administrative Expense Claims that arose, accrued, or otherwise became due and payable on or after May 1, 2012, the Court will fix a supplemental bar date. You will receive notice of that date at a later time.

1. WHO MUST FILE A PROOF OF ADMINISTRATIVE CLAIM

If you have an administrative expense claim that: (a) arose under 11 U.S.C. §§ 503(b) and 507(a)(1), (b) between June 1, 2011 and April 30, 2012, and (c) is not one of the types of claims described in section 2 below, you **MUST** timely file a request for allowance and payment of such claims to share in distributions from the Debtors' bankruptcy estate. Administrative expense claims based on acts or omissions of the Debtor that occurred between June 1, 2011 and April 30, 2012, must be filed on or prior to the Second Administrative Bar Date even if such claims are not now fixed, liquidated or certain, or did not mature or become fixed or liquidated or certain before April 30, 2012.

Under 11 U.S.C. § 101(5) and as used herein, the word "claim" means: (a) a right to payment, whether or not such right is reduced to judgment, liquidated, unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal, equitable, secured, or unsecured; or (b) a right to an equitable remedy for breach of performance if such breach gives rise to a right to payment, whether or not such right to an equitable remedy is reduced to judgment, fixed, contingent, matured, unmatured, disputed, undisputed, secured, or unsecured.

11 U.S.C. § 503 defines administrative expense claims, in part, as "all necessary costs and expenses" of preserving the debtor's estate, including wages, salaries and commissions (and any taxes withheld from such wages, salaries or commissions).¹ If you: (a) supplied goods or services to the Debtor, (b) during the period from June 1, 2011 through April 30, 2012, and (c) have not been paid for those goods or services, then you may have an administrative claim. If you provided goods or services before April 14, 2010, then you do not have an administrative claim for those goods or services. If you provided goods or services between April 15, 2010 and May 31, 2011, you may not file an administrative claim. Please consult your legal advisor if you have any uncertainty as to whether your proposed claim may constitute an administrative claim. The preceding explanation is intended to provide guidance, not to serve as legal advice.

2. ENTITIES THAT DO NOT NEED TO FILE A PROOF OF ADMINISTRATIVE CLAIM

¹ In addition to SVC/MC, the Debtors are as follows: (i) 355 6th Avenue Apartment Operating Corporation, (ii) Bishop James J. McGuire Center for Geriatric Care, Inc., (iii) Chait Housing Development Corporation, (iv) Fort Place Housing Corporation, (v) Pax Christi Hospice, Inc., (vi) Sisters of Charity Health Care System Nursing Home, Inc. db/a St. Elizabeth Ann's Health Care & Rehabilitation Center, (vii) St. Rose's Health Services Corporation db/a Holy Family Home, and (viii) SVC/MC Professional Registry, Inc. There are certain affiliates of SVC/MC who are not Debtors.

10-11963-egm Doc 3626-7 Filed 07/29/13 Entered 08/06/13 10:27:13 Pg 19 of 27
 10-11963-egm Doc 3626-7 Filed 07/29/13 Entered 08/06/13 10:27:13 Pg 19 of 27

10-11963-egm Doc 3626-7 Filed 07/29/13 Entered 07/29/13 14:57:27 Exhibit F
 Pg 19 of 26

Notwithstanding the foregoing, at this time, you need not file a proof of administrative claim on or before the Second Administrative Bar Date if you are:

- (a) Any person or entity that holds an Administrative Expense Claim that has been allowed by an order of the Bankruptcy Court entered on or before the Second Administrative Bar Date;
- (b) Any holder of an Administrative Expense Claim which accrued during the Second Administrative Expense Period who, prior to the Second Administrative Bar Date, already filed a proof of Administrative Expense Claim with the Clerk of the Bankruptcy Court;
- (c) Any Administrative Expense Claim held by the Office of the United States Trustee under section 1930(n)(6) of title 28, United States Code;
- (d) Any professionals retained by the Debtors or the unsecured creditors committee under Court order pursuant to sections 327, 328, 330, 331, 332, 333, or 1103 of the Bankruptcy Code;
- (e) Any Administrative Expense Claim held by General Electric Capital Corporation or any other party arising out of the DIP credit agreement or the prepetition credit agreement under which General Electric Capital Corporation serves as agent;
- (f) Any postpetition claims of vendors arising in the ordinary course of business with the Debtors relating to the Debtors' operations in connection with the US Family Health Plan;
- (g) Any Administrative Expense Claim held by the Debtors' officers, directors, and crisis managers; and
- (h) Any Manhattan Hospital Tail Claim or Westchester Hospital Tail Claim.²

THE SECOND ADMINISTRATIVE BAR DATE ALSO DOES NOT APPLY TO CLAIMS THAT AROSE BEFORE APRIL 14, 2010 OR BETWEEN APRIL 15, 2010 AND MAY 31, 2011. IF YOUR CLAIM AROSE BEFORE APRIL 14, 2010 OR BETWEEN APRIL 15, 2010 AND MAY 31, 2011, THIS NOTICE DOES NOT AFFECT YOU, AND YOU DO NOT NEED TO FILE AN ADMINISTRATIVE PROOF OF CLAIM FORM.

YOU SHOULD NOT FILE AN ADMINISTRATIVE PROOF OF CLAIM FORM IF YOU DO NOT HAVE AN ADMINISTRATIVE CLAIM AGAINST THE DEBTORS, OR IF THE ADMINISTRATIVE CLAIM YOU HELD AGAINST THE DEBTORS HAS BEEN PAID IN FULL.

THIS NOTICE IS BEING SENT TO MANY PERSONS AND ENTITIES THAT HAVE HAD SOME RELATIONSHIP WITH OR HAVE DONE BUSINESS WITH THE DEBTORS BUT MAY NOT HAVE AN UNPAID ADMINISTRATIVE CLAIM AGAINST THE DEBTORS. THE FACT THAT YOU HAVE RECEIVED THIS NOTICE DOES NOT MEAN THAT YOU HAVE A CLAIM OR THAT THE DEBTORS OR THE COURT BELIEVE THAT YOU HAVE A CLAIM.

3. WHEN AND WHERE TO FILE

Except as provided for herein, all original Administrative Proof of Claim Forms (and, where necessary, accompanying documentation) must be filed so as to be received on or before May 22, 2012, at 4:00 p.m. (prevailing Eastern Time), at the following address:

IF SENT BY FIRST-CLASS MAIL:	IF BY HAND DELIVERY OR OVERNIGHT MAIL:
Saint Vincent's Catholic Medical Centers of New York (2010) - Claims Processing Center c/o Epiq Bankruptcy Solutions, LLC Grand Central Station, P.O. Box 4834 New York, NY 10163-4834	Saint Vincent's Catholic Medical Centers of New York (2010) - Claims Processing Center c/o Epiq Bankruptcy Solutions, LLC 757 Third Avenue, 3rd Floor New York, NY 10017

4. WHAT TO FILE

² A Tail Claim shall have the meaning ascribed to it in the settlement establishing the Tail Fund approved by the Court on October 29, 2010 [Docket No. 1066] and the settlement establishing the Westchester Tail Fund approved by the Court on September 22, 2011 [Docket No. 2027].

10-11963-cgm Doc 3626-7 Filed 07/29/13 Entered 07/29/13 14:57:27 Exhibit F
Pg 20 of 27

10-11963-cgm Doc 3626-7 Filed 07/29/13 Entered 07/29/13 14:57:27 Exhibit F
Pg 20 of 26

All requests for allowance and payment of administrative claims must include all documents establishing the alleged claimant's right to such administrative claim and all corresponding documents proving the administrative nature of the claim. Administrative Expense Claim forms may be obtained from SVCMC's website at <http://www.sycmcrestructuring.com> or by calling 866-778-1023.

Any holder of an Administrative Expense Claim against more than one Debtor must file a separate proof of claim with respect to each such Debtor and all holders of claims must identify on their proof of claim the specific Debtor against which their claim is asserted. A list of the names of the Debtors and their respective case numbers appears at the end of this Notice.

5. CONSEQUENCES OF FAILURE TO FILE AN ADMINISTRATIVE CLAIM BY THE SECOND ADMINISTRATIVE CLAIMS BAR DATE

Except with respect to claims of the type set forth in section 2 above, any holder of an administrative claim who fails to properly file a request for allowance and payment of such administrative claim, with appropriate supporting documentation, on or before the Administrative Claims Bar Date for any Administrative Claim against the Debtors will be forever barred, estopped, and enjoined from asserting such claim against the Debtor, its estate or its property, and the Debtor's estate, and its property will be forever discharged from any and all indebtedness or liability with respect to such claim, and the potential claimant shall not be permitted to participate in any distribution in the Debtors' Chapter 11 Cases on account of such claim or to receive further notices regarding such claim.

6. The Debtors reserve the right to dispute, or to assert offsets or defenses against, any filed Administrative Proof of Claim as to nature, amount, liability, priority, classification or otherwise.

A CLAIMANT SHOULD CONSULT AN ATTORNEY REGARDING ANY INQUIRIES, SUCH AS WHETHER SUCH CLAIMANT SHOULD FILE AN ADMINISTRATIVE PROOF OF CLAIM.

Questions concerning this Notice should be directed to the Debtors' claims agent, Epiq Systems at 866-778-1023.

Dated: April 22, 2013
New York, New York

BY ORDER OF THE COURT

KRAMER LEVIN NAFTALIS & FRANKEL LLP
Kenneth H. Eckstein
Adam C. Rogoff
P. Bradley O'Neill
Gregory G. Plotko
1177 Avenue of the Americas
New York, New York 10036
Telephone: (212) 715-9100
Counsel for Debtors and Debtors in Possession

10-11963-cgm Doc 3626-7 Filed 07/29/13 Entered 07/29/13 14:57:27 Exhibit F

SAINT VINCENTS CATHOLIC MEDICAL CTR 2010
Pg 22 of 26

Claim Name	Address Information
1. A method of determining a value of a function of a variable, the method comprising: receiving a value of the variable; and determining the value of the function of the variable based on the received value of the variable.	1. A method of determining a value of a function of a variable, the method comprising: receiving a value of the variable; and determining the value of the function of the variable based on the received value of the variable.

EPIQ BANKRUPTCY SOLUTIONS, L.C.

10-11963-cgm Doc 3626-7 Filed 07/29/13 Entered 07/29/13 14:57:27 Exhibit F
Pg 22 of 27

10-11963-cgm Doc 3626-7 Filed 07/29/13 Entered 07/29/13 14:57:27 Exhibit F
Pg 23 of 26

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

-----X
In re: Chapter 11
SAINT VINCENTS CATHOLIC MEDICAL Case No. 10-11963 (CGM)
CENTERS OF NEW YORK, et al.
Debtors. Jointly Administered
Ref. Docket Nos. 3067 & 3069
-----X

AFFIDAVIT OF SERVICE

STATE OF NEW YORK)
) ss.
COUNTY OF NEW YORK)

PETE CARIS, being duly sworn, deposes and says:

1. I am employed as a Noticing Coordinator by Epiq Bankruptcy Solutions, LLC, located at 757 Third Avenue, New York, New York 10017. I am over the age of eighteen years and am not a party to the above-captioned action.
2. On July 3, 2012, I caused to be served the following:
 - a) "Notice of Entry of Order Confirming Debtors' Second Amended Joint Chapter 11 Plan," dated June 29, 2012 [Docket No. 3067], and
 - b) "Notice of Effective Date of the Debtors' Second Amended Joint Chapter 11 Plan," dated June 29, 2012 [Docket No. 3069],

by causing true and correct copies to be enclosed securely in separate postage pre-paid envelopes and delivered via first class mail to those additional parties identified on the annexed Exhibit A.

10-11963-cgm Doc 3626-7 Filed 07/29/13 Entered 07/29/13 14:57:27 Exhibit F
Pg 23 of 27

10-11963-cgm Doc 3626-7 Filed 07/29/13 Entered 07/29/13 14:57:27 Exhibit F
Pg 24 of 26

3. All items served by mail or overnight courier included the following legend affixed on the envelope: "LEGAL DOCUMENTS ENCLOSED: PLEASE DIRECT TO ATTENTION OF ADDRESSEE, PRESIDENT OR LEGAL DEPARTMENT."

/s/ Pete Caris
Pete Caris

Sworn to before me this
3rd day of July, 2012

/s/ Cassandra Murray

Notary Public, State of New York

No. 01M106220179

Qualified in the County of Queens

Commission Expires April 12, 2014

10-11963-egm Doc 3626-7 Filed 07/29/13 Entered 07/29/13 10:27:19 Exhibit C
Pg 24 of 27

10-11963-cgm Doc 3626-7 Filed 07/29/13 Entered 07/29/13 14:57:27 Exhibit F
Pg 25 of 26

EXHIBIT A

10-11963-cgm Doc 3626-7 Filed 07/29/13 Entered 07/29/13 14:57:27 Exhibit F

Pg 26 of 26
SERVICE LIST

EPIC BANKRUPTCY SOLUTIONS, LLC

10-11963-asm Doc 3626-8 Filed 07/29/13 Entered 08/07/13 10:27:11 Exhibit C
Pg 26 of 27

10-11963-cgm Doc 3626-8 Filed 07/29/13 Entered 07/29/13 14:57:27 Exhibit G
Pg 1 of 2

EXHIBIT G

June 7 Letter

10-11963-cgm Doc 3626-8 Filed 07/29/13 Entered 08/14/13 10:27:12 Exhibit C
Pg 27 of 27

10-11963-cgm Doc 3626-8 Filed 07/29/13 Entered 07/29/13 14:57:27 Exhibit G
Pg 2 of 2

AKIN GUMP
STRAUSS HAUER & FELD LLP

Attorneys at Law

SARAH LINK SCHULTZ
214.969.4367 fax 214.969.4343
sschultz@akingump.com

June 7, 2013

VIA EMAIL AND OVERNIGHT DELIVERY

Sheryl R. Menkes
325 Broadway, Suite 504
New York, New York 10007

Re: *Elaine Garvey, administratrix of the Estate of Ronald Brophy, deceased v. Lutheran
Medical Center, et al*
Index No.: 218-2013

Dear Ms. Menkes:

I write in response to your email communications dated June 5 and 6, 2013 and as a follow up to my correspondence dated April 30, 2013. As set forth in detail in my previous correspondence and as discussed over the past several days, the Liquidating Trustee requests that your client immediately withdraw the above-entitled suit (the "Litigation") against SVCMC and Holy Family Home and provide evidence of such withdrawal no later than Wednesday, June 12, 2013. Time is of the essence.

If your client refuses to withdraw the Litigation, the Liquidating Trustee intends to proceed against your client and enforce the Liquidating Trust's rights under the automatic stay and plan injunction, including by seeking injunctive relief and seeking to hold your client in civil contempt. A copy of the motion that the Liquidating Trustee intends to file should you fail to comply with our request for withdrawal is enclosed. To the extent that the Liquidating Trustee obtains a contempt judgment, the Bankruptcy Court may impose compensatory damages, attorneys' fees, court costs, and punitive damages.

Please contact me at (214) 969-4367 if you have any questions regarding this matter.

Sincerely,


Sarah Link Schultz

cc: Eugene I. Davis, Liquidating Trustee, SVCMC Liquidating Trust
Jennifer Coffey, General Counsel, Post-Effective Date SVCMC

EXHIBIT D

Initial Assessment of Ronald Brophy

10-11983-13-Do-06902-PKC Document 16-16 Filed 05/16/14 Page 19 of 32

Pg 2 of 2



Saint Vincent
Catholic Medical
Centers

HOLY FAMILY HOME
DEPARTMENT OF THERAPEUTIC RECREATION

Brophy, Ronald

☒ Initial Assessment ☐ Annual Assessment ☐ Significant Change

410

Name: Ronald Brophy Admission Date: 3/25/10
 Marital Status: Married Religion: Catholic Language(s): English
 Children: Daughter Occupation: _____
 Birthplace: _____ Diet: Puree of Tomatoes & Orange NCS MAS
 Psychotropic Medication(s): Seroquel
 Allergies: NRKA ☐ ONR ☐ HCP
 Diagnosis: Dementia, Depression, Catholic, Diabetes, Neuropathy,
MRSA, Sepsis, T. Cholesterol, Glaucoma

COGNITION

Orientation: ☒ Alert ☐ Lethargic ☒ Confusion Present ☐ Forgetful
☒ Person Self ☐ Place ☐ Time ☐ Disoriented/Unable to Assess
☐ Given Choices within field of: (please circle) 2 3 4
 Functional Decision Making: ☐ Independent ☐ Modified Independence ☒ Moderately Impaired
☐ Severely Impaired Corresponding Mini Mental Score: _____
 Long-Term Memory: ☐ Intact ☐ Fair ☒ Poor
 Short-Term Memory: ☐ Intact ☐ Fair ☒ Poor
 Attention: ☐ Intact ☒ Fair ☐ Poor-Redirectable? ☐ Yes ☐ No
 Redirection/Cluing: ☐ Minimum ☒ Moderate ☐ Maximum ☐ N/A
 Step commands: ☐ None ☒ 1 step ☒ 2-3 Steps ☐ 4+ Steps

COMMUNICATION

Speech: ☒ Adequate ☐ Unintelligible ☐ Non-verbal ☐ Apraxia
☐ Writes to Communicate ☐ Expressive Aphasia ☐ Receptive Aphasia
☐ Communication Board ☐ Other: _____
 Hearing: ☒ Adequate ☐ Impaired ☐ HOH ☐ Deaf ☐ Utilizes Amplifier
☐ Utilizes Hearing Aids - ☐ R ☐ L
 Vision: ☒ Adequate ☐ Impaired ☐ Glasses ☐ Legally Blind ☐ Blind

EMOTIONAL STATUS

Resident expresses feelings of:	Yes	No	Comments
Anger	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Anxiety	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Apathy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Contentment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Mental Distress	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Pain	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Sadness	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Resident exhibits the following: ☐ Flat Affect ☐ Easily Agitated ☐ Crying ☒ N/A
 Does Resident have family support? ☒ Yes ☐ No
 Orientation was provided ☒ Yes ☐ No

10-11198-13 Doc 13-00055-BKC Filed 05/14/13 Entered 05/09/13 10:27:15 Exhibit E
Pg 1 of 3

EXHIBIT E

Discharge Summary

10-11988 Reg 13-D-06902-PKC Filed 05/16/14 Entered 08/10/13 10:27:16 Exhibit E

Pg 2 of 3

HOLY FAMILY HOME

DISCHARGE SUMMARY**

NAME Ronald BrophyB0077
RECORD #D.O.B.: 5-27-10
D.O.A.: 6-7-2010
Dr. Martorelli
PHYSICIAN

* Must be completed for all residents who have left HFB for whatever reason if there is no bed hold in effect.

Admission Diagnosis(s): in effect upon admission to HFB

Depression, Anxiety, T.M.
glaucoma, bedsores, emphysema
HTN, dementia

Subsequent Diagnosis(s): significant events after admission to HFB.

Clinical Course: treatment, response, etc.

Reluctant to take med.
or eat food. care

Final Disposition:

☐ Discharged to community☒ Transferred toHospital - Pt Expired☐ Expired at HFB☐ OtherAttending Physician Dr. Martorelli

Date

☐ **United Way** - **Magawento Center for**
Garfield Care

☐ **Italy Family Home**

Renald
H/C

ALL ENTRIES MUST HAVE A SIGNATURE AND TITLE

Date/Time	Unit	CCU	Progress Note
6/6/10	NSG	Sam	Trans: at lethargy / Transfer to During morning round and f/s was noted to be at lethargic and unresponsive to verbal / tactile stimuli. V/S taken 9/9/5 P54 R BP 60/28 O ₂ sat 90 MB was called a message was left on ans voice mail. publisher was called as well as family and Dr. Chalmers. Pts was sent to MMC to Midwood ambulance per Sonal. SBK TEN
6/7/10	SW		Hospitalization MR. Brophy was transferred to MMC on 6/6/10 with lethargy. His family was notified & is aware of bed hold policy. — M. Richter MD

10-11558-egm13-005855-BK Filed 05/16/14 Entered 08/10/13 10:29:18 of 87bit Pg 1 of 2

EXHIBIT F

Admissions Information

10-11988-Reg-13-Do-06902-PKC-Filed-05/16/14-Entered-05/16/14-Page-19 of 57-Exhibit F

Pg 2 of 2




Saint Vincent
Catholic Medical
Centers

1740 84th Street
Brooklyn, NY 112142825

Ronald Drapry
Bed: 4-410
Medical Record #: 030077
Birth Date: 12/20/1931 Age: 78
Sex: M
Race: White
Religion: CATHOLIC
Marital Status: Married
Occupation:
English Proficiency: Yes
Original Admit Date: 03/25/2010

Resident Address:
County:
Tel:

Trace: 9:45 AM
ID #: 1115665
Billing Type: MEDICAD
Eligible MC: Part A: N Part B: N Part D: N
Social Security #: 111-26-4906
MCR #: 
MA/CIN #:

Other Insurance:

Policy #:
PDP:
PDP ID#:

Admission Information

038.9 SEPTICEMIA NOS

Admitted From: Augustana
Physician: Donald MARTINEL, J
Address: 8306 13th Avenue Brooklyn, NY 11228
Dates: From: 02/01/2010 To: 03/05/2010
Tel: 718-833-6161 Tel 2:
Alternate Physician: Tel:
Address: Tel 2:
Other: Tel:
Address: Tel 2:

Contact Information

Next of Kin: Garvey, Elaine
Address: Relation: Daughter
Home Phone: 212 496 7231
Business Phone: 212 446 4800
Cell Phone: 646 387 1644
Other Contact: Relation:
Address: Home Phone:
Business Phone:
Cell Phone:
Resp. for Account: Drapry, Waltraud
Address: 260 65 Street
Brooklyn, NY 11220
Relation: SPO
Home Phone: 718 680 2499
Business Phone:
Cell Phone:

Funeral Arrangements

Funeral Home: Telephone:
Address:

Special Instructions

Allergies:

Advanced Directives

Health Care Proxy:
Organ Donor:
Living Will:

Discharge Information

Discharge Date:
Discharge Disposition: Home ☐ Name: _____
Discharge Diagnosis:

10-11953-13-000000-7-KC-000000-13-5-Entered: 08/05/13 Page 10 of 17
Pg 1 of 8

EXHIBIT G

Requests for Medical Records

Sheryl R. Menkes



[This form has been approved by the New York State Department of Health]

OCA Office 1 Bureau No.: 960

Patient Name	med Rec#	Birth#	Date of Birth	Social Security Number
Ronny Brophy	038077	4-410	12/20/31	11-26-4906
Patient Address	Home 1740 84th St Bklyn NY 11214 June 2600 44th Ave Bklyn			

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form. 112

11.220

1. This authorization may include disclosure of information relating to ALCOHOL and DRUG ABUSE, MENTAL HEALTH TREATMENT, except psychotherapy notes, and CONFIDENTIAL HIV-RELATED INFORMATION only if I place my initials on the appropriate line in Item 2(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 2(a), I specifically authorize release of such information to the person(s) indicated in Item 3.

2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, I, the recipient, am prohibited from rediscussing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.

6. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.

4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.

3. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.

6. THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).

7. Name and address of health provider or entity to release this information:

8. Name and address of person(s) or entity(ies) of person to whom this information will be sent:
Sheryl R Menkes Attorney 319 Broadway L11th NY NY 10007

40) Specific information to be released:

☒ Medical Record from (insert date) _____ to (insert date) _____
☐ Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, lab, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.

11 Other _____ Include: (Indicate by initials)

Authorization to Discuss Health Information

(b) ☒ By initiating here *[Signature]* I authorize

Initials _____ Name of individual health care provider _____

Indicate how you wish to share your information:

☐ I do not wish to share my health information with my attorney, or a governmental agency, listed here;

Organization/Plan Name or Governmental Agency Name:

10. Reason for release of information:

☐ At request of individual
☒ Other: LITIGATION

12 If not the resident, name of person signing form

Signature of person signing form
Aaine BARRY

11. Date or event on which this authorization will expire: _____

7/23/11

14. Authority to sign on behalf of patient.

Danilo D. Stribnik

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

Signature of patient or representative authorized by law.

Date: 7/23/10

* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

EXHIBIT E

SHERYL R. MENKES
ATTORNEY AT LAW

319 Broadway
4th Floor
New York, NY 10007

(212) 285-0900

FAX (212) 658-9408

September 21, 2010

St. Vincent's Catholic Medical Center
153 West 11th Street
New York New York 10011
Attn: Medical Records

RE: Ronald Brophy
DOB 12/20/31
SS#: 111-26-4906
Dates of Treatment Holy Family Home 3/25/10-5/24/10;
Date of Death 6/13/10

Dear Sir or Madam:

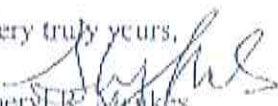
We have been retained by Elaine Garvy, daughter of Ronald Brophy, to investigate claims of nursing home abuse and neglect that occurred to Ronald Brophy when he was a resident at Holy Family Home on the above dates.

We have been advised that Holy Family Home Medical Records are being retained by St. Vincent's Catholic Medical Center.

In order to protect our client's interests it is necessary for you to provide us with the full and complete records of treatment from 3/25/10-5/24/10 and 5/27/10-6/6/10, without any omissions.

PURSUANT TO NY PUBLIC HEALTH LAW SECTION 18-1(g) and 18-2(a) a qualified person can obtain a copy of a decedent's medical records. A distributee such as Elaine Garvy is a qualified person. Accordingly, enclosed please find a duly executed authorization for the release of Mr. Brophy's medical records as well as a copy of his death certificate.

Please do not delay in your response to this request because such a delay will be highly prejudicial to our client's rights and, in some instances, result in the total loss of those rights.

Very truly yours,

Sheryl R. Menkes



AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

[This form has been approved by the New York State Department of Health]

Patient Name	med rec# 038077 4410	Date of Birth	12/20/31	Social Security #	111-26-4906
Patient Address	Hwy Family Home 1740 S. MASL Bldg NY 11214				

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth in this form, in accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I understand that:

1. This authorization may include disclosure of information relating to ALCOHOL and DRUG ABUSE, MENTAL HEALTH TREATMENT, except psychotherapy notes, and CONFIDENTIAL HIV* RELATED INFORMATION only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.

2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission on Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.

J. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.

4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.

3. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.

b. THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 3 (b).

7. Name and address of health provider or entity to release this information:

St Vincents Catholic Medical Center / 53 W 11th St - NYC 10011

8. Name and address of person(s) or category of person to whom this information will be sent

5. Name and address of person(s) or category of person to whom this information will be sent:
Shovel Movers Agency 319 BROADWAY 4th Floor NYC 10007

9(a). Specific information to be released:

Medical Record from (insert date) _____ to (insert date) _____

☒ Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.

U.S. News:

includes: *Confidence by Institution?*

Alcohol/Drug Treatment

Mental Health Informational

HIV-Related Information

Authorization to Disclose Health Information

(b) ☐ By initialing here I authorize

Initials _____ Name of individual health care provider _____

I authorize my health information with my attorney, or a governmental agency, listed here:

(Attorney/Firm Name or Governmental Agency Name)

10. Reason for release of information:

☐ At request of individual

Q101

at the patient, name of person signing form:

CLAUDE GARBY

11. Date or event on which this authorization will expire: _____

9/2/11

Authority to sign on behalf of patient

Distributed Databases

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

Signature of patient or representative/authorized by law

1340e

9/21/10

* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

SHERYL R. MENKES
ATTORNEY AT LAW

319 Broadway
4th Floor
New York, NY 10007

(212) 285-0900

FAX (212) 658-9408

October 18, 2010

St. Vincem's Catholic Medical Center
153 West 11th Street
New York New York 10011
Attn: Medical Records

SECOND REQUEST

RE: Ronald Brophy
DOB 12/20/31
SS#: 111-26-4906
Dates of Treatment Holy Family Home 3/25/10-5/24/10;
Date of Death 6/13/10

Dear Sir or Madam:

We have been retained by Elaine Garvy, daughter of Ronald Brophy, to investigate claims of nursing home abuse and neglect that occurred to Ronald Brophy when he was a resident at Holy Family Home on the above dates.

We have been advised that Holy Family Home Medical Records are being retained by St. Vincent's Catholic Medical Center.

In order to protect our client's interests it is necessary for you to provide us with the full and complete records of treatment from 3/25/10-5/24/10 and 5/27/10-6/6/10, without any omissions.

PURSUANT TO NY PUBLIC HEALTH LAW SECTION 18-1(g) and 18-2(n) a qualified person can obtain a copy of a decedent's medical records. A distributee such as Elaine Garvy is a qualified person. Accordingly, enclosed please find a duly executed authorization for the release of Mr. Brophy's medical records as well as a copy of his death certificate.

Please do not delay in your response to this request because such a delay will be highly prejudicial to our client's rights and, in some instances, result in the total loss of those rights.

Very truly yours,

Sheryl R. Menkes

10-11163-13-Do-06902-PKC Document 13-56 Entered on FLTB 10/27/14 15:57 Exhibit C
Pg 8 of 8



AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

[This form has been approved by the New York State Department of Health]

OCR Official Form No. 960

Patient Name RONALD BRADY	Date of Birth 12/20/31	Social Security Number 11-26-4906
Patient Address Holy Family Home 1740 84th St Bklyn NY 11214		
Home Address 260 65th St Bklyn NY 11220		

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth in this form, in accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I understand that:

1. This authorization may include disclosure of information relating to ALCOHOL and DRUG ABUSE, MENTAL HEALTH TREATMENT, except psychotherapy notes, and CONFIDENTIAL HIV-RELATED INFORMATION only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.

2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.

3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.

4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.

5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 3), and this redisclosure may no longer be protected by federal or state law.

6. THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).

7. Name and address of health provider or entity to release this information:

St. Vincent's Healthcare Center 153 W. 11th St + NYC 10011

8. Name and address of person(s) or category of person to whom this information will be sent:

Sheryl Menkes 319 Broadway NYC 10007

9(a). Specific information to be released:

☐ Medical Record from (insert date) _____ to (insert date) _____

☒ Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.

☐ Other: _____

DOs:

3/8/10 - 5/20/10 EG

5/27/10 - 6/6/10 EG

Include: (Indicate by initialing)

EG Alcohol/Drug Treatment

EG Mental Health Information

EG HIV-Related Information

Authorization to Discuss Health Information

(b) ☐ By initialing here **EG** I authorize _____

Initials

Name of individual health care provider

to discuss my health information with my attorney, or a governmental agency, listed here:

(Attorney/Print Name of Governmental Agency Name)

10. Reason for release of information:

☐ At request of individual

☒ Other: **LITIGATION**

11. Date or event on which this authorization will expire:

10/18/11

12. If not the patient, name of person signing form:

Elaine GARVEY

13. Authority to sign on behalf of patient:

disturbance

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

Elaine Garvey

Signature of patient or representative authorized by law.

Date:

10/18/10

* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably would identify someone as having HIV symptoms or infection and information regarding a person's conduct.